

**SUMMER CRISIS PROGRAM (SCP) MEDICAL ELIGIBILITY FORM
FOR CHRONIC ILLNESS**

(Issued Once Every 3 Years)

Clients whose illness has been determined chronic by a licensed physician or registered nurse practitioner shall resubmit medical documentation only once every three years to the Home Energy Assistance Program (HEAP) to receive Summer Crisis Assistance. Clients with a chronic illness must be identified at the time of completing their HEAP application by providing documentation that states the following:

*Due to a chronic illness, patient's name, _____
would benefit from continued electric service and/or air conditioning and/or fan.*

Please check whether you are a:
_____ Doctor or _____ Nurse Practitioner

PRINT NAME: _____

SIGN NAME: _____ DATE: _____

NAME OF MEDICAL PRACTICE: _____

ADDRESS: _____

Submission of this OCA approved "Medical Eligibility Form" completed by a licensed physician or registered nurse practitioner **must be** issued no more than **one (1) year** prior to customer applying for **Summer Crisis Program (SCP)** funds.

****Please return this form to the Community Action Agency at the following address/fax/email:**

ATTN: HEAP
7880 Lincole Pl
Lisbon, OH 44432
F: (330) 424-4186